

Bertha Anderson

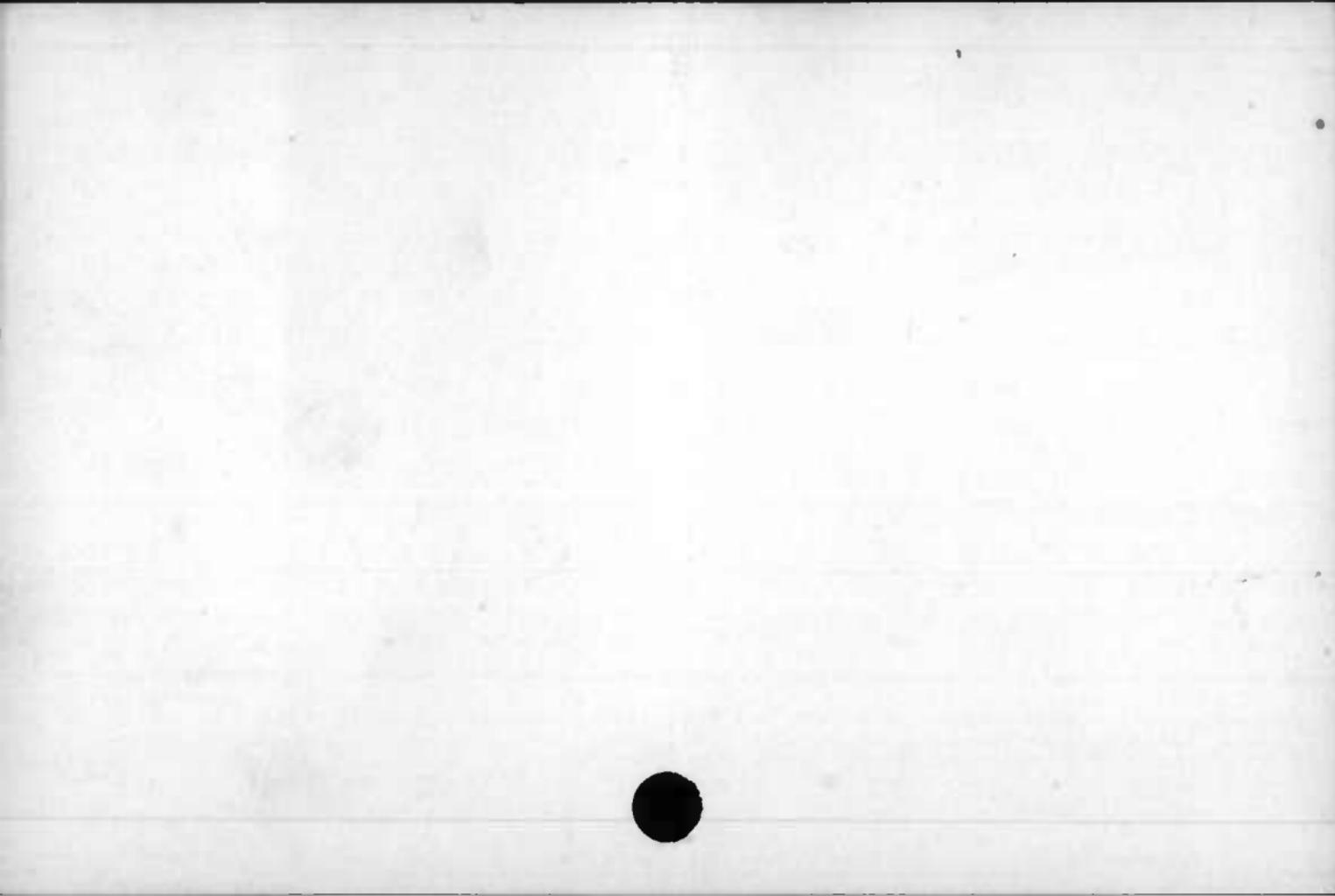
CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|----------------|---------------|---|---------------------|------|--|
| Died at | Town | County | | MARYLAND | | |
| Died at | Burk Mills | Montgomery | | | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | June | 24 | Age 22 | 11 | 5 | |
| Sex | Female | Color or Race | Colored | Birth-place | | |
| Occupation | Housewife | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | | Name of Wife or Husband | John Anderson | | |
| Father's Name | Rebekah Miller | | | Father's Birthplace | Md. | |
| Mother's Maiden Name | Annie Miles | | | Mother's Birthplace | " | |
| Name of person giving information | Arthur Bryant | | How related to deceased | Cousin | | |

CAUSES OF DEATH

27

| | | | | |
|--|------------------------|------------------------|----------------------|---------------|
| Primary | Pulmonary Tuberculosis | | How long | 1 yr |
| Immediate | Hemorrhage | | How long | A few minutes |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | H. G. Brown | |
| Yes | | Address | Silver Spring Md. | |
| Accident or Suicide? | | | | |



Name
in
Full

Adam Barker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---------------|-------------------------|---------------|---|----------|-----------------|
| Died at | Town | | County | | MARYLAND | |
| Date of death | 1908 | Month 6 | Day 21 | Age 76 | Years | Months — Days — |
| Sex | Male | Color or Race | Colored | Birth-place | Md | |
| Occupation | Laborer | | | Where Residing if not at place of death | X | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Sophia Barker | | | |
| Father's Name | Davidson | | | Father's Birthplace | Davidson | |
| Mother's Maiden Name | Davidson | | | Mother's Birthplace | Davidson | |
| Name of person giving Information | Sophia Barker | | | How related to deceased | wife | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

How long

1 year

Immediate

Obesity

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

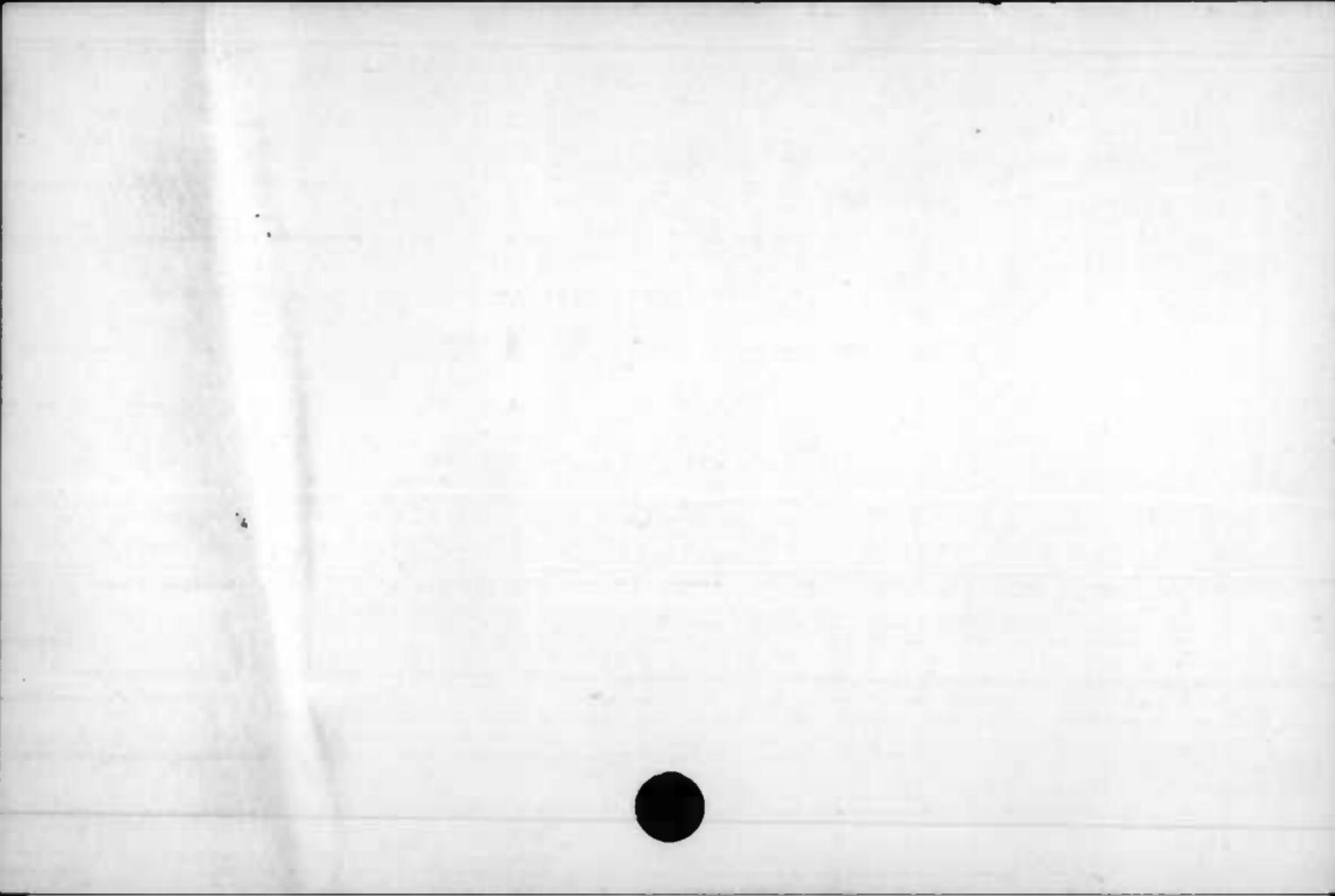
O. M. Hutchinson

Address

Rosedale

Accident or Suicide?

X



Name
In
Full

George Brewster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------------|---|----------------|-------------|------------|----------|
| Died at | 7 Beallville | Town | County | MARYLAND | | |
| Date of death | 1908 | Month June | Day 4 | Age 86 | Years | Months 3 |
| Sex | Male | Color or Race | White | Birth-place | Beallville | |
| Occupation | Farmer | Where Residing if not at place of death | | | " | |
| Married, Single or Widowed | Widowed | Name of Wife or Husband | Aletha J Young | | | |
| Father's Name | William Brewster | Father's Birthplace | Annapolis | | | MD |
| Mother's Maiden Name | Mary Robeson Chiswell | Mother's Birthplace | Poolesville | | | MD |
| Name of person giving information | Wm G Brewster | How related to deceased | Son | | | |

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

| | | | | |
|--|----------------|-----|------------------------|-------------------|
| Primary | Hep Coelitis | | How long | 21 days |
| Immediate | Cardiac asthma | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | Signature of Physician | E W White |
| | | | Address | Beallville Md. |
| Accident or Suicide? | | | | |



Name
in
Full

Emma. G Boland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-------------------|-------------------------|--|----------|-------------|--------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month 6 | Day 12 | Years 63 | Months 2 | Days 8 | |
| Sex | Female | Color or Race | White | | Birth-place | Not | |
| Occupation | House wife | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | H. M. F. Boland | | | | |
| Father's Name | Thornton Poor | | Father's Birthplace | | | Not | |
| Mother's Maiden Name | Rachel. R. Dvings | | Mother's Birthplace | | | " | |
| Name of person giving information | Harry Boland | | How related to deceased | | | Son | |

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

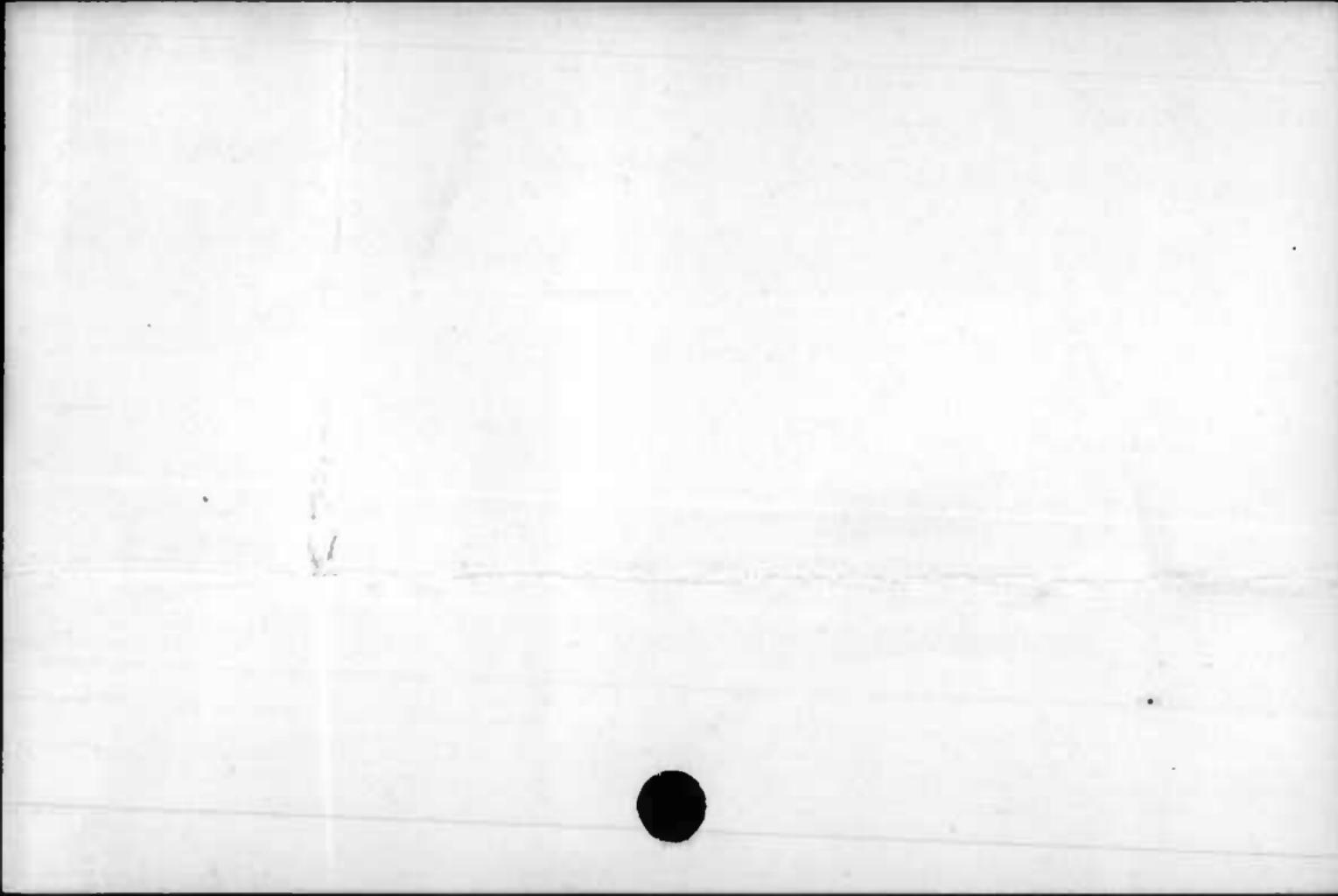
| | | |
|--|--------------------|--|
| Primary | Carcinoma of Liver | |
| Immediate | 1 yr | |
| Are the name, age, sex, color, date and place correctly given above? | Yes | |

Signature of Physician

Address

J. A. Deek
Clarkshurg, Md

Accident or Suicide?



Alice Brown

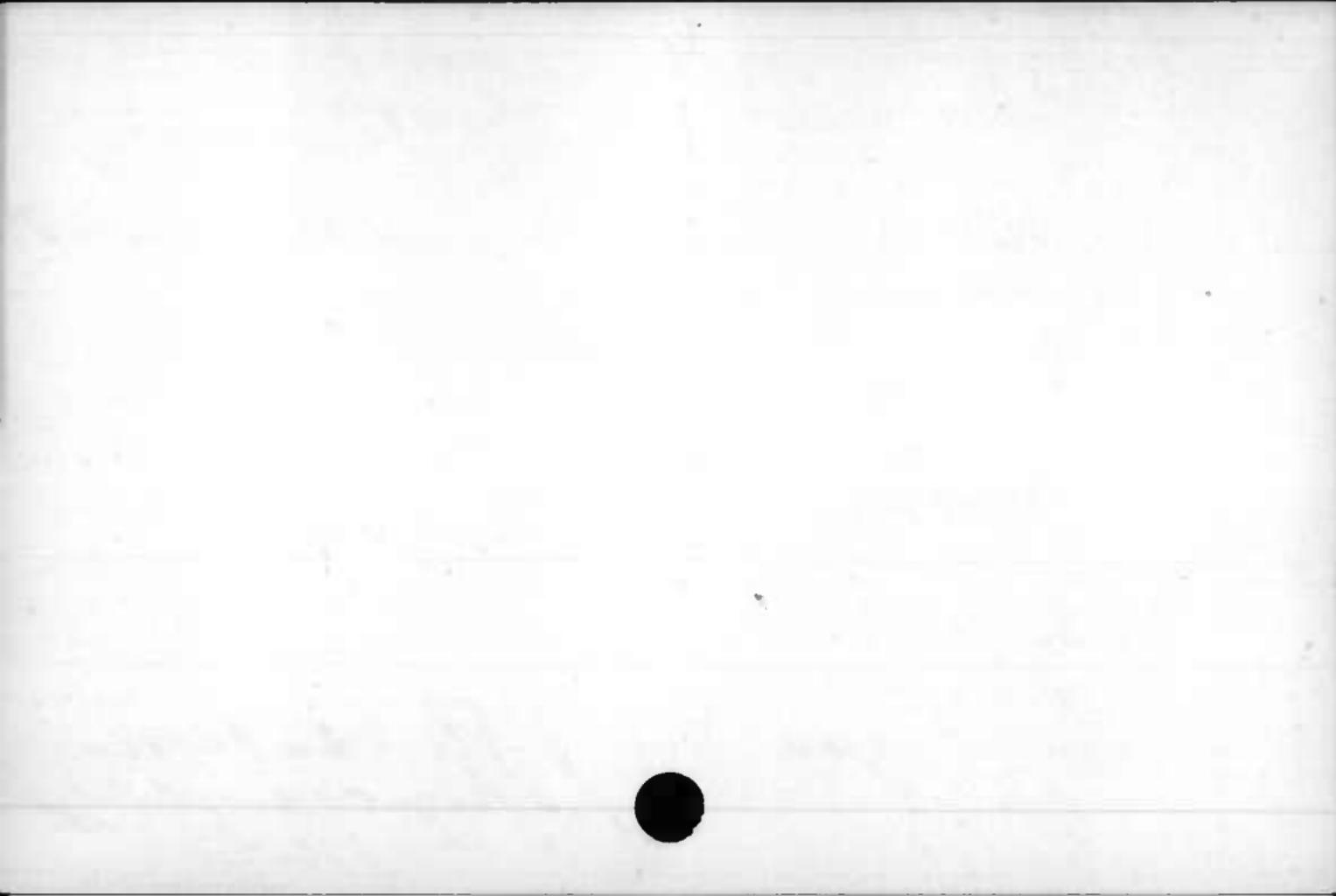
CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|-----------------|-------------------------|---|--------|-------------|--------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 | Month June | Day 5 | Year 2 | Months 0 | Days 9 |
| Sex | Female | Color or Race | Colored | | Birth-place | Md. |
| Occupation | None | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | S | | | |
| Father's Name | Alascious Brown | | Father's Birthplace | Md. | | |
| Mother's Maiden Name | Maude Davis | | Mother's Birthplace | Md. | | |
| Name of person giving Information | Ida Gaither | | How related to deceased | Niece | | |

CAUSES OF DEATH

27

| | | | |
|--|-----------|-------------------------------------|---------|
| PHYSICIAN OR CORONER | Primary | Pulmonary Tuberculosis | |
| | Immediate | Asphyxia | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | Address |
| Yes. | | H. H. Brown Silver Spring Md. | |
| Accident or Suicide? | | | |



Name
in
Full

Mary Anna Brogdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------------------|----------------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Birthplace | Buny Spring | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Rodger Brogdon | | | |
| Father's Name | John Anna | Father's Birthplace | Md | | |
| Mother's Maiden Name | Mary Ann Gill | Mother's Birthplace | Lamb Spring Md | | |
| Name of person giving Information | Rodger Brogdon | How related to deceased | Son-in-law | | |

CAUSES OF DEATH

27

How long

7 days.

How long

Primary *Tuberculosis*
Immediate *asphyxia*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. R. Watson
Spencerville
Md

Accident or Suicide?

2. 6. 21

Name
in
Full

Mary Catherine Carlisle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---|------------------|--------|----------|------------|-------------------------|
| Died at | | Day | County | MARYLAND | | |
| Date of death | Month | Year | Age | Months | Days | |
| Sex | Color or Race | | | Ille. | Wash, D.C. | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | 317 Braddock Rd. | | | | |
| Father's Name | Edward H. Carlisle | | | | | Father's Birthplace |
| Mother's Maiden Name | William M. Grimes | | | | | Mother's Birthplace |
| Name of person giving Information | Edward H. Carlisle | | | | | How related to deceased |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

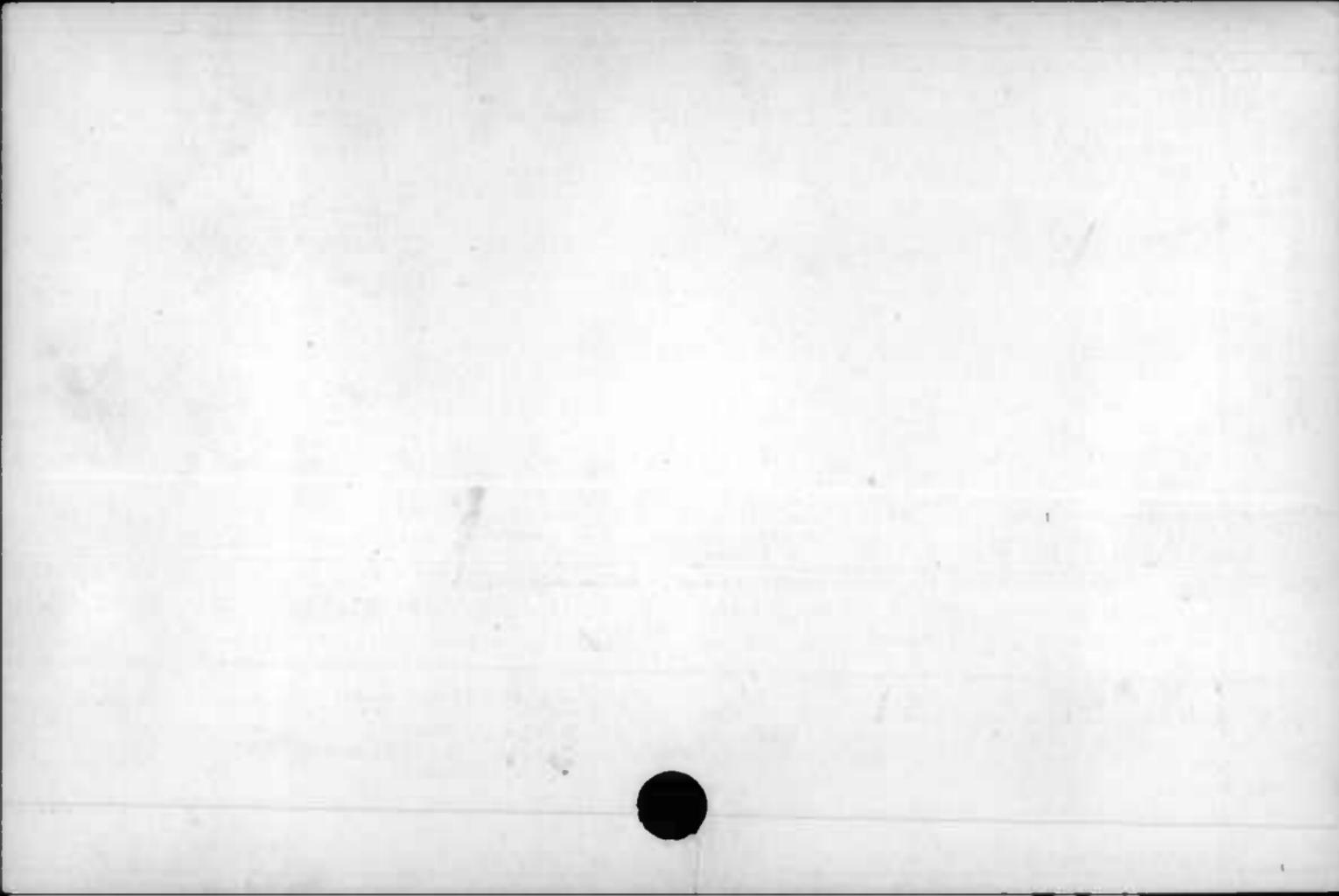
Yes

Signature of Physician

Address

Alfred J. Parsons
National Park, D.C.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Oldyan. Clepper

CERTIFICATE OF DEATH

| | | | | | |
|-------------------------------------|--|--------------------------------------|---|---|---------------|
| Died at <u>Dausourville</u> | | County <u>Mary</u> | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>6</u> | Day <u>25</u> | Years <u>—</u> | Months <u>—</u> | Days <u>8</u> |
| Sex <u>Male</u> | Color or Race <u>Negro.</u> | Birth-place <u>Dausourville, Md.</u> | Where Residing if not at place of death | | |
| Occupation <u>—</u> | Name of Wife or Husband | | | Father's Birthplace <u>Mary Co. Md.</u> | |
| Married, Single or Widowed <u>—</u> | Name of Father <u>Harry Clepper</u> | | | Mother's Birthplace <u>Mary Co. Md.</u> | |
| Father's Name <u>—</u> | Name of Mother <u>Alice Lynch</u> | | | How related to deceased <u>Son</u> | |
| Mother's Maiden Name <u>—</u> | Name of person giving information <u>Physician</u> | | | | |

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Infantile convulsions

How long

3 da.

Immediate

Not known (probably conv.

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

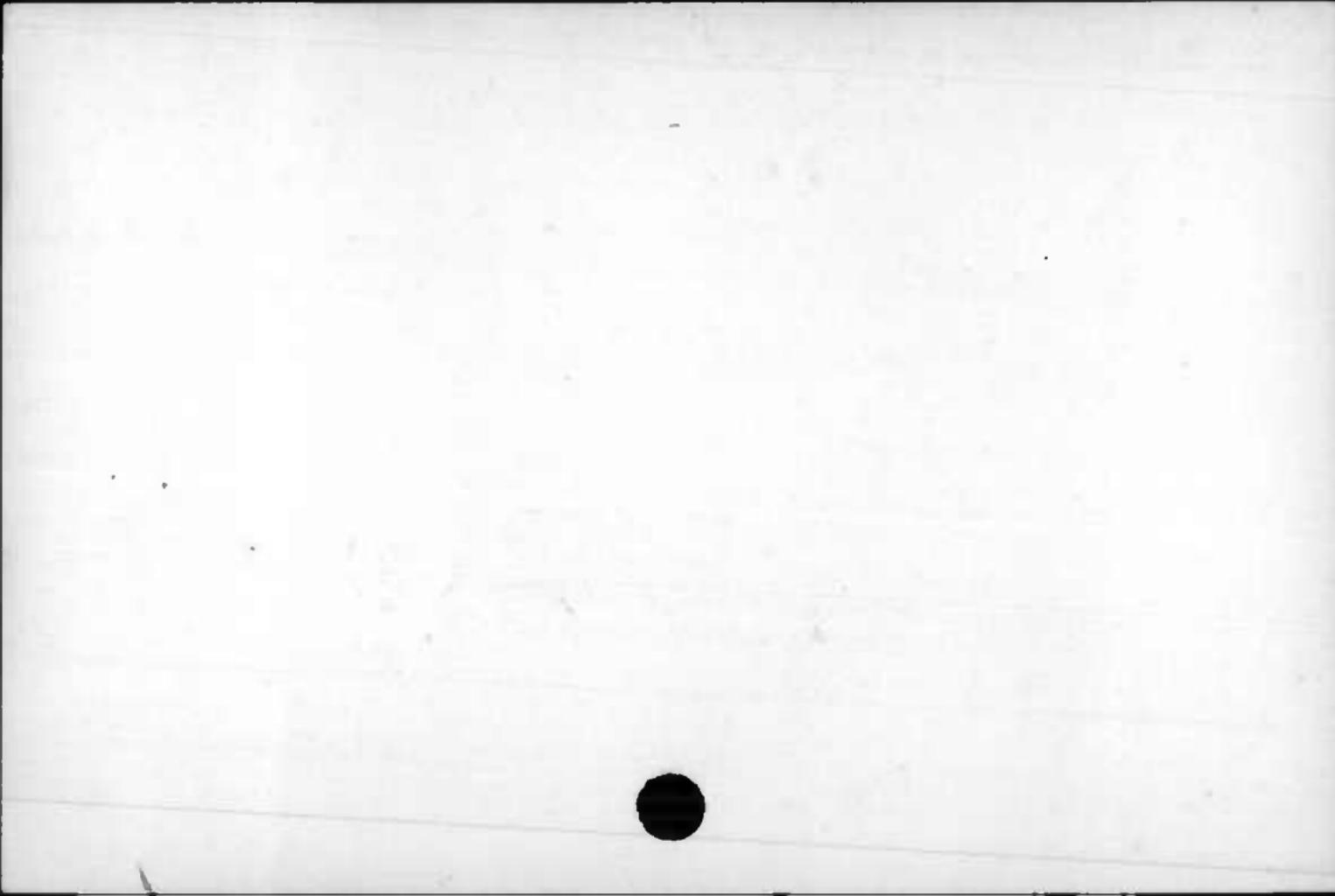
Address

U. S. House

Dausourville, Md.

Accident or Suicide?

I was not called up to see this child until off death bed.



Name
in
Full

Vernon Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------|-------------------------|---|-------------------------|-------------|--------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1901 | Month June | Day 30 | Years 0 | Months 6 | Days 0 |
| Sex | Male | Color or Race | Colored | | Birth-place | Idle. |
| Occupation | None | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | |
| Father's Name | Chunward Davis | | | Father's Birthplace | | |
| Mother's Maiden Name | Blanche Ashton | | | Mother's Birthplace | | |
| Name of person giving Information | Chunward Davis | | | How related to deceased | | |

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enterico-Colitis

Immediate

Syncope

Are the name, age, sex, color, date and place correctly given above?

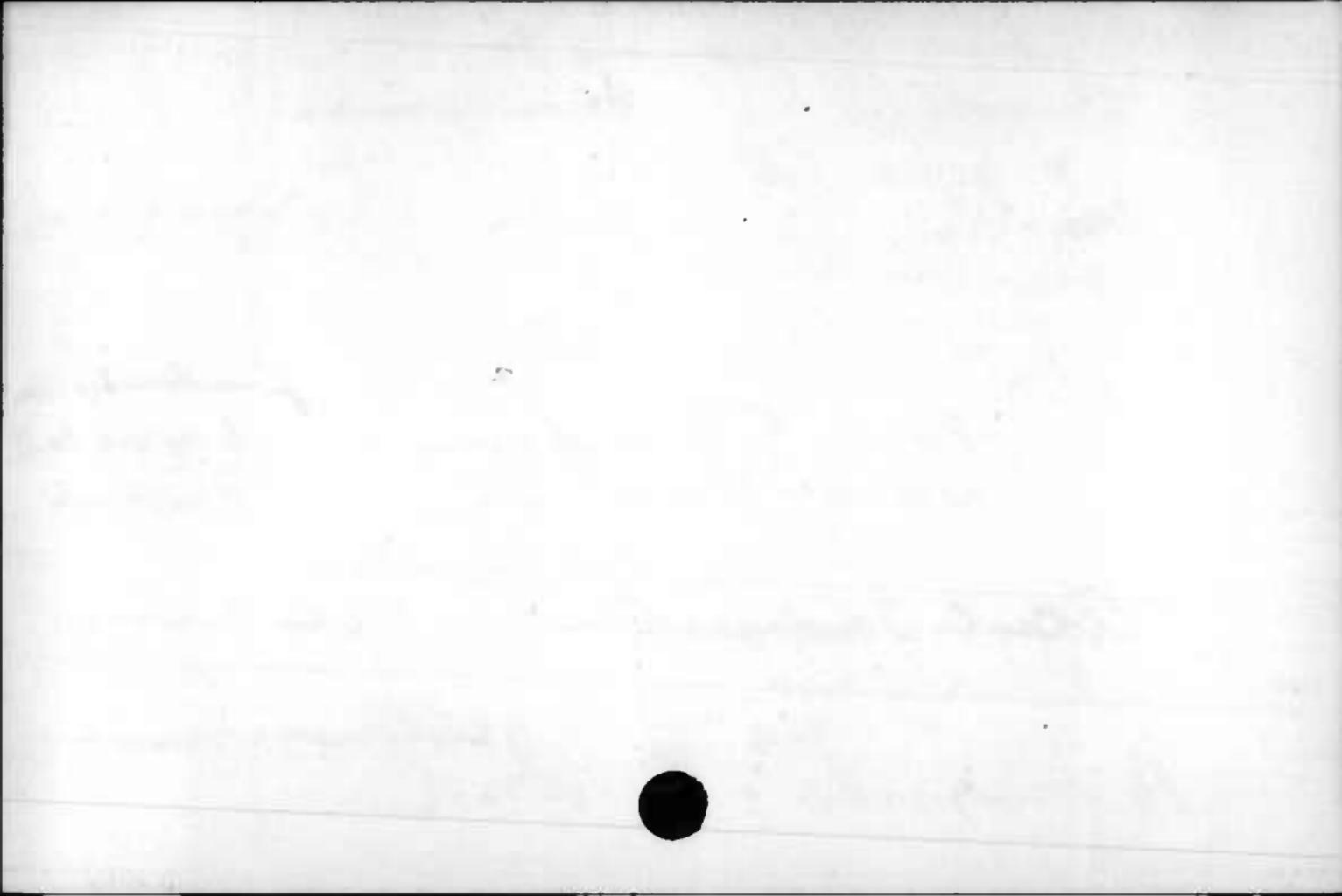
Signature of Physician

Address

W. G. Brown M.D.

Silver Spring
Md.

Accident or Suicide?



Name
In
Full

Ram Edwards Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | |
|-----------------------------------|---|---------------------|-------------|
| Died at | Town | County | MARYLAND |
| 1908 | Boyd's | Montgomery | |
| Date of death | Month | Years | Months |
| June | 18 | Age | 10 |
| Sex | Color or Race | Birth-place | |
| Male | White | Boyd's Mill | |
| Occupation | Where Residing if not at place of death | | |
| None | — | | |
| Married, Single or Widowed | Name of Wife or Husband | Father's Birthplace | London, Va |
| Single | Ramuel Edwards | | |
| Father's Name | Mother's Maiden Name | Mother's Birthplace | Boyd's Mill |
| Nora Thompson | Boyd's Mill | | |
| Name of person giving information | How related to deceased | Father | |
| Dave Edwards | Deceased | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

six hours

Immediate

Paralysis

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

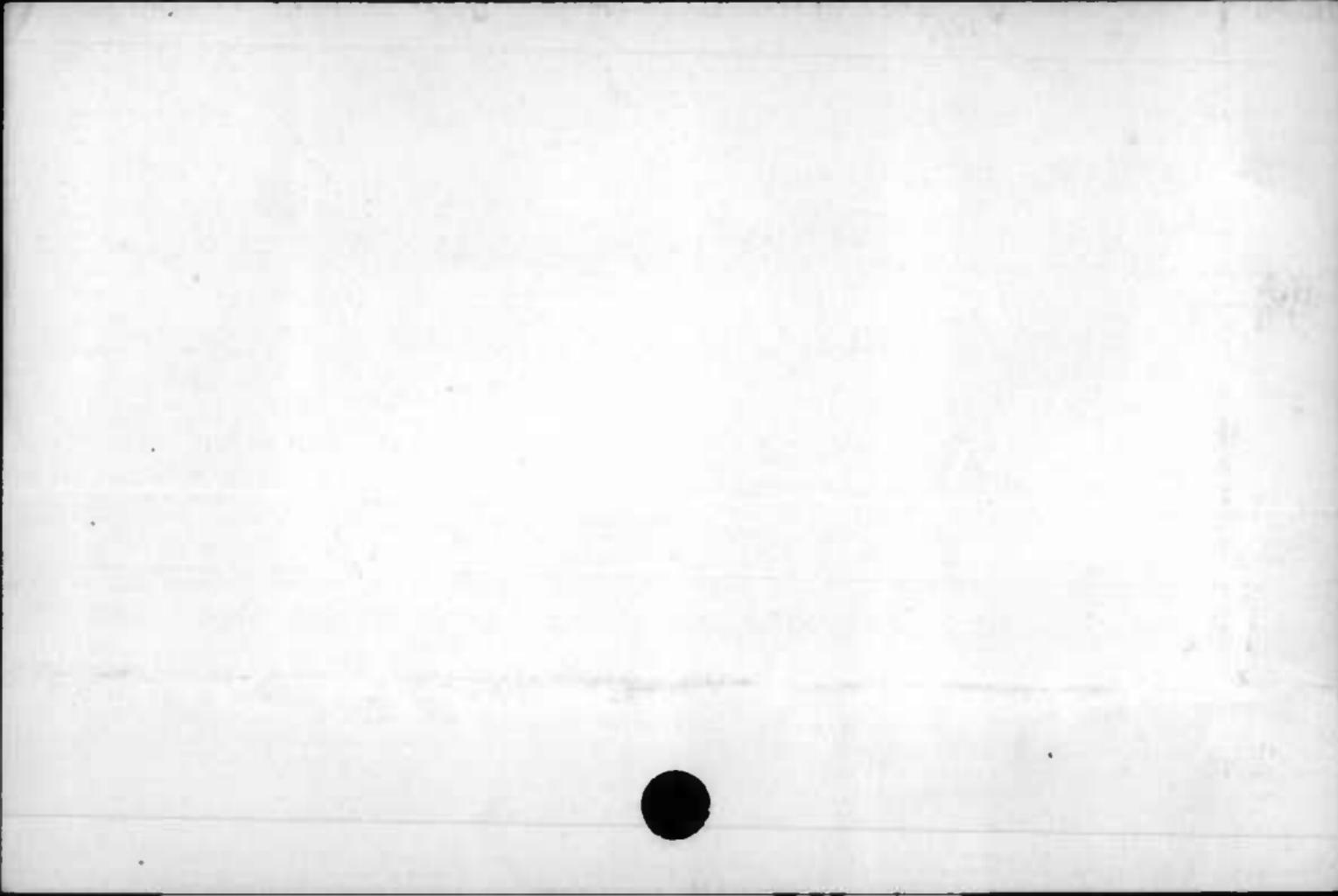
Yes

Signature of Physician

Address

Petersons
Barnsville

Accident or Suicide?



Name
in
Full

Lillian Greenfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|----------------------|---|-----------------|-------------------------|---------------------|---------------|--|
| Died at | | Town | County | | MARYLAND | | |
| BETHESDA | | MONTGOMERY | | | | | |
| Date of death | 1908 June | Month | Day | Years | Months | Days | |
| | | | 3 rd | Age | 4 | 7 | |
| Sex | Female | Color or Race | White | | Birth-place | Geo. W. Hosp. | |
| Occupation | — | Where Residing if not at place of death | | | Wash. County Home. | | |
| Married, Single or Widowed | — | Name of Wife or Husband | — | | Father's Birthplace | Md. | |
| Father's Name | Walter N. Greenfield | | | Mother's Birthplace | Va. | | |
| Mother's Maiden Name | Josephine Edwards | | | How related to deceased | Father | | |
| Name of person giving information | Walter Greenfield | | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

acute miliary tuberculosis

long
four weeks.

Immediate

Exhaustion

How long
two days.

Are the name, age, sex, color, date and place correctly given above?

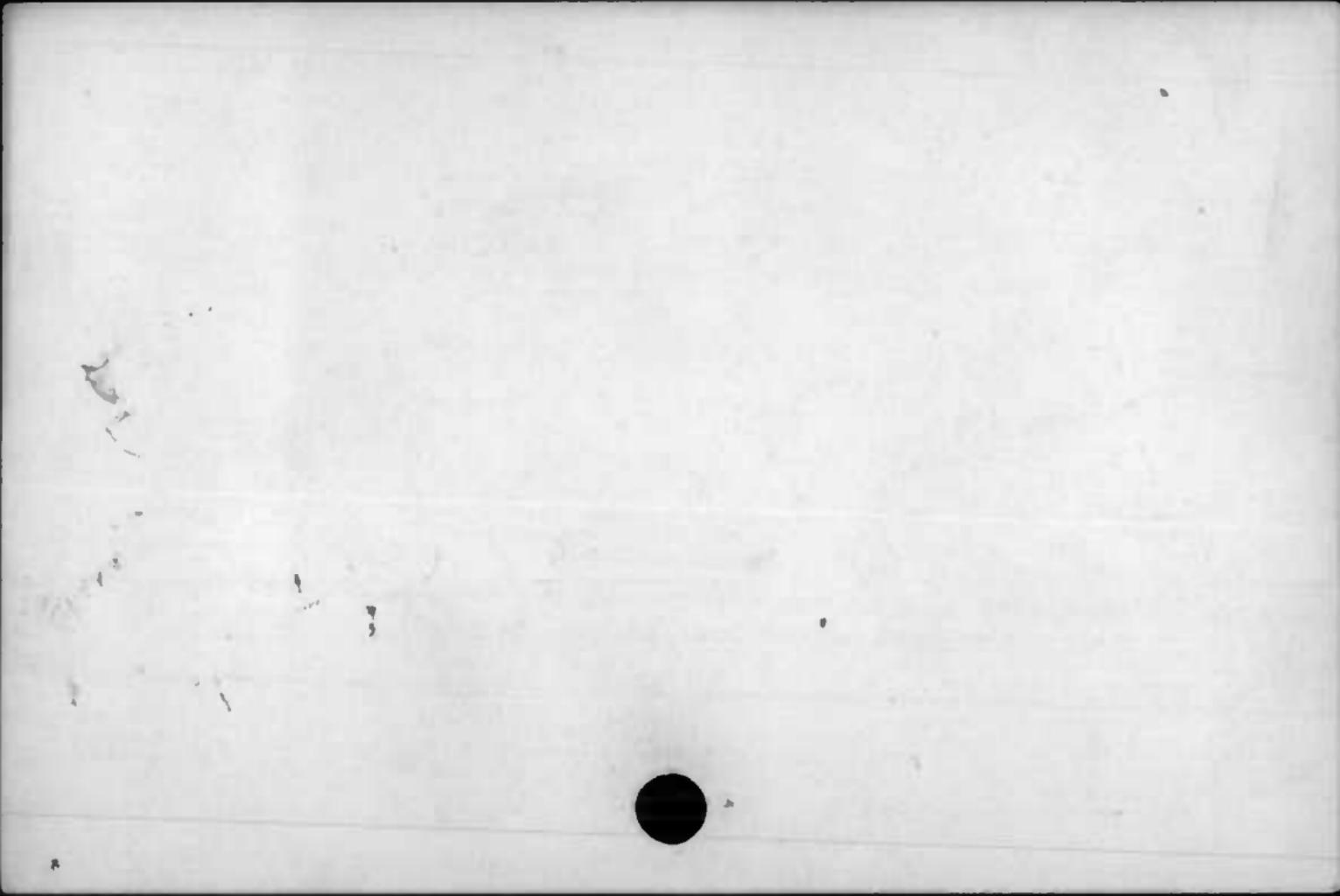
Signature of Physician

yes

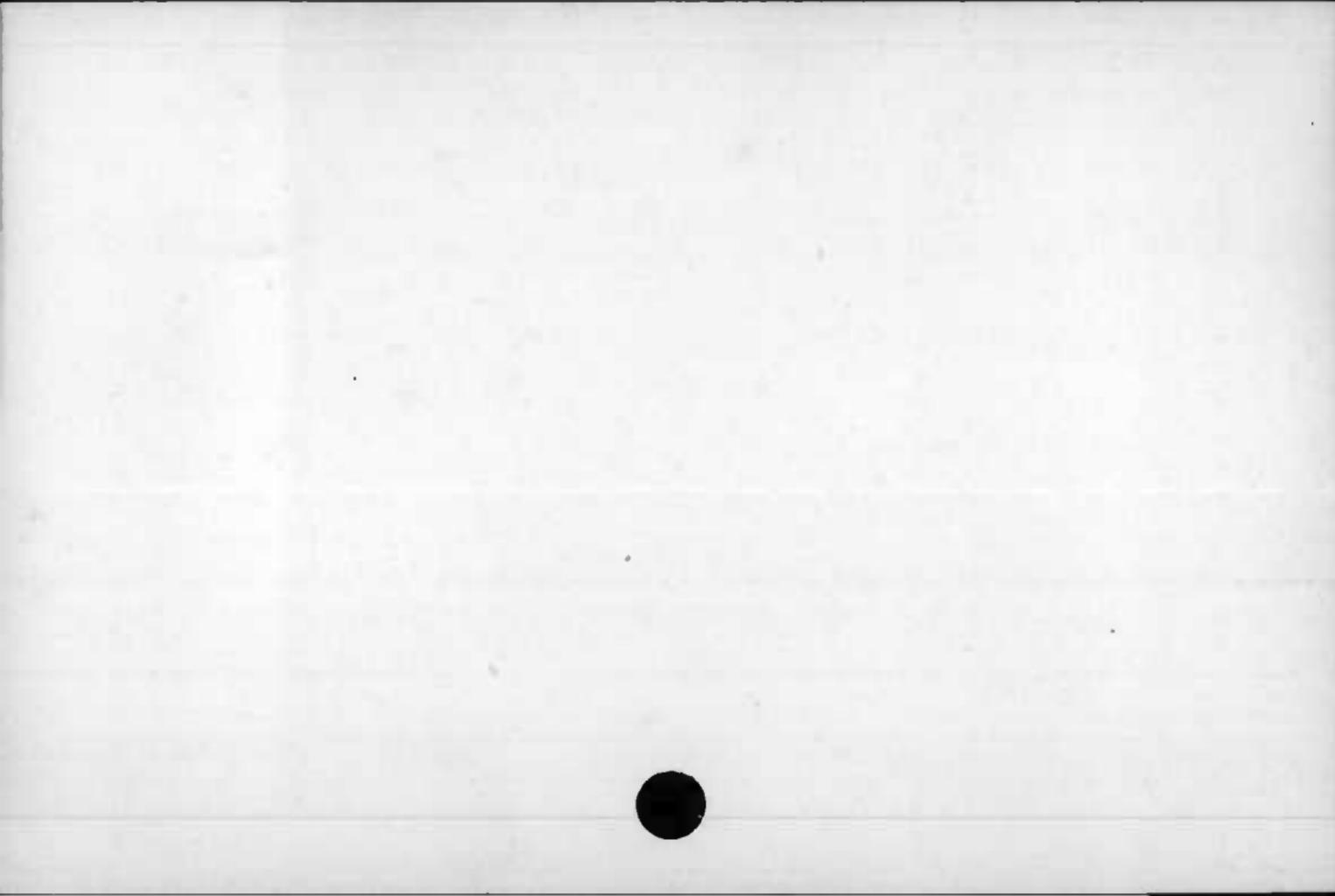
Address

Thor. K. Conrad, M.D.
Bethesda, Md.

Accident or Suicide?



| | | | | | | | |
|--|------------------|---|-------|-------------------------|---------------------|----------|--------|
| Name in Full | | Hallinan | | County | | MARYLAND | |
| Died at Martinsburg | | Town | | Montgomery | | County | |
| Date of death | 1908 June | Month | Day | 9 | Years | 3 | Months |
| Sex | Female | Color or Race | Black | Birth-place | Martinsburg | | |
| Occupation | none | Where Residing if not at place of death | | | Martinsburg | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | John Hallinan | | | Father's Birthplace | Martinsburg | | |
| Mother's Maiden Name | Julia Storrid | | | Mother's Birthplace | Martinsburg | | |
| Name of person giving information | Ands Stewart | | | How related to deceased | none | | |
| CAUSES OF DEATH | | | | | | | |
| Primary | Cholera Infantum | | | 105 | How long | | |
| Immediate | ex haustion | | | 2 weeks | How long | | |
| Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | R. H. Scott sub reg | | |
| yes | | | | Address | Poherville | | |
| Accident or Suicide? | | | | | Dr. D | | |



| | | | | | | |
|-----------------------------------|--------------------|---------------|---|----------------------|--------------------|------|
| Charles Richard Hodge | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 June | Month | Day | Years | Months | Days |
| Sex | Male | Color or Race | Age about 27 | | | |
| Occupation | Laborer | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| Father's Name | Caleb Hodge | | Father's Birthplace | | Montgomery Co. Md. | |
| Mother's Maiden Name | Catharine E. Hodge | | Mother's Birthplace | | Montgomery Co. Md. | |
| Name of person giving information | Caleb Hodge, Jr. | | How related to deceased | | Brother | |

CAUSES OF DEATH

79

How long

About one year

How long

Primary

Cardiac Asthma & Bright's Disease

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

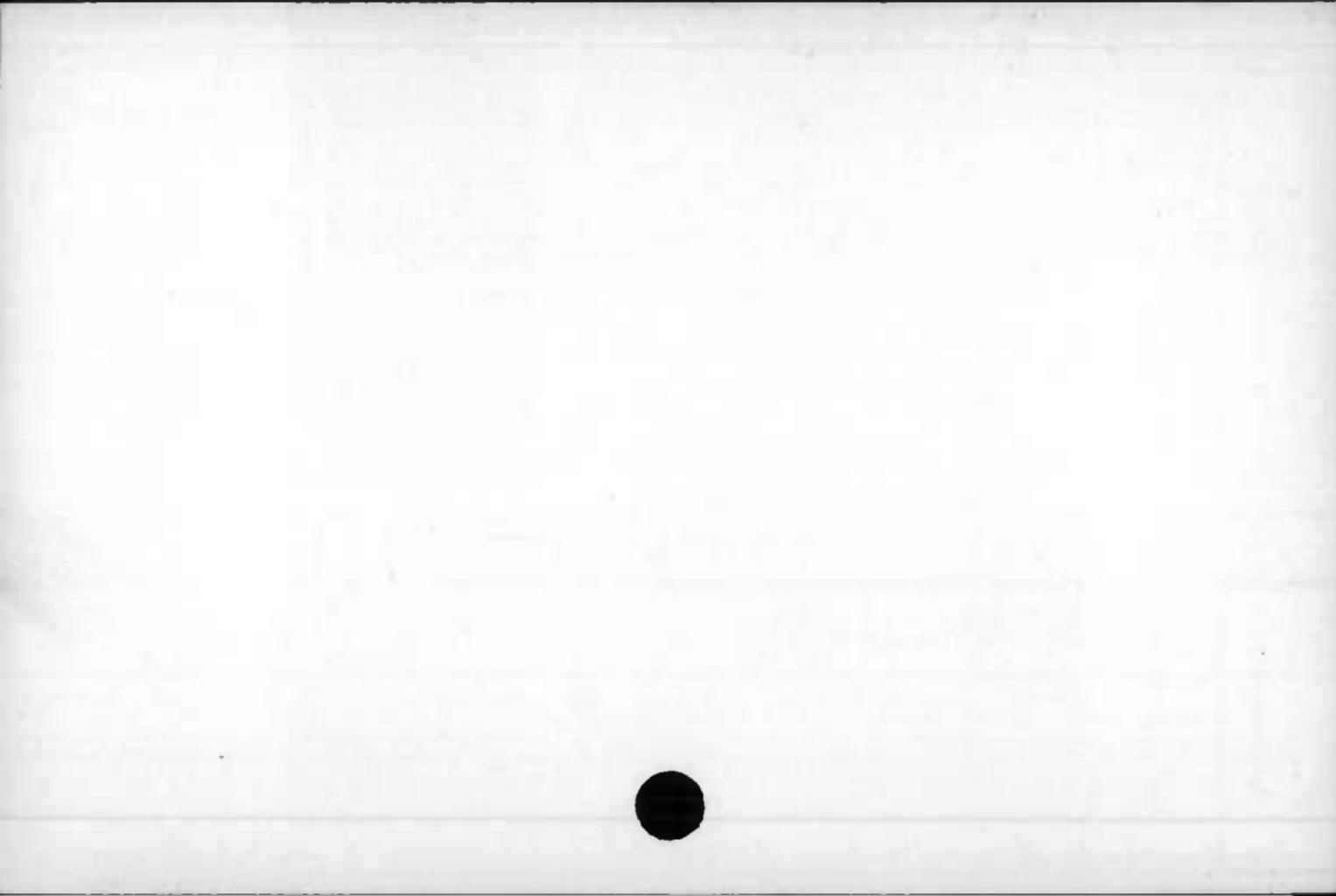
Address

Chas. Farguehard

Olney

Md.

Accident or Suicide?



Name
in
Full

Jas Willard Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|------------------------|----------------|-----------------|---------------|
| Died at <u>Stevens</u> Town | | County <u>Mary</u> | | MARYLAND | |
| Date of death <u>1908</u> | Month <u>June</u> | Day <u>26</u> | Years <u>0</u> | Months <u>0</u> | Days <u>6</u> |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | Birth-place <u>Md.</u> | | | |
| Occupation <u>None</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband | | | | |
| Father's Name <u>Chas. Johnson</u> | Father's Birthplace <u>Md.</u> | | | | |
| Mother's Maiden Name <u>Margaret Smith</u> | Mother's Birthplace <u>"</u> | | | | |
| Name of person giving information <u>"</u> | How related to deceased <u>Mother</u> | | | | |

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

1 day
2 hrs.

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

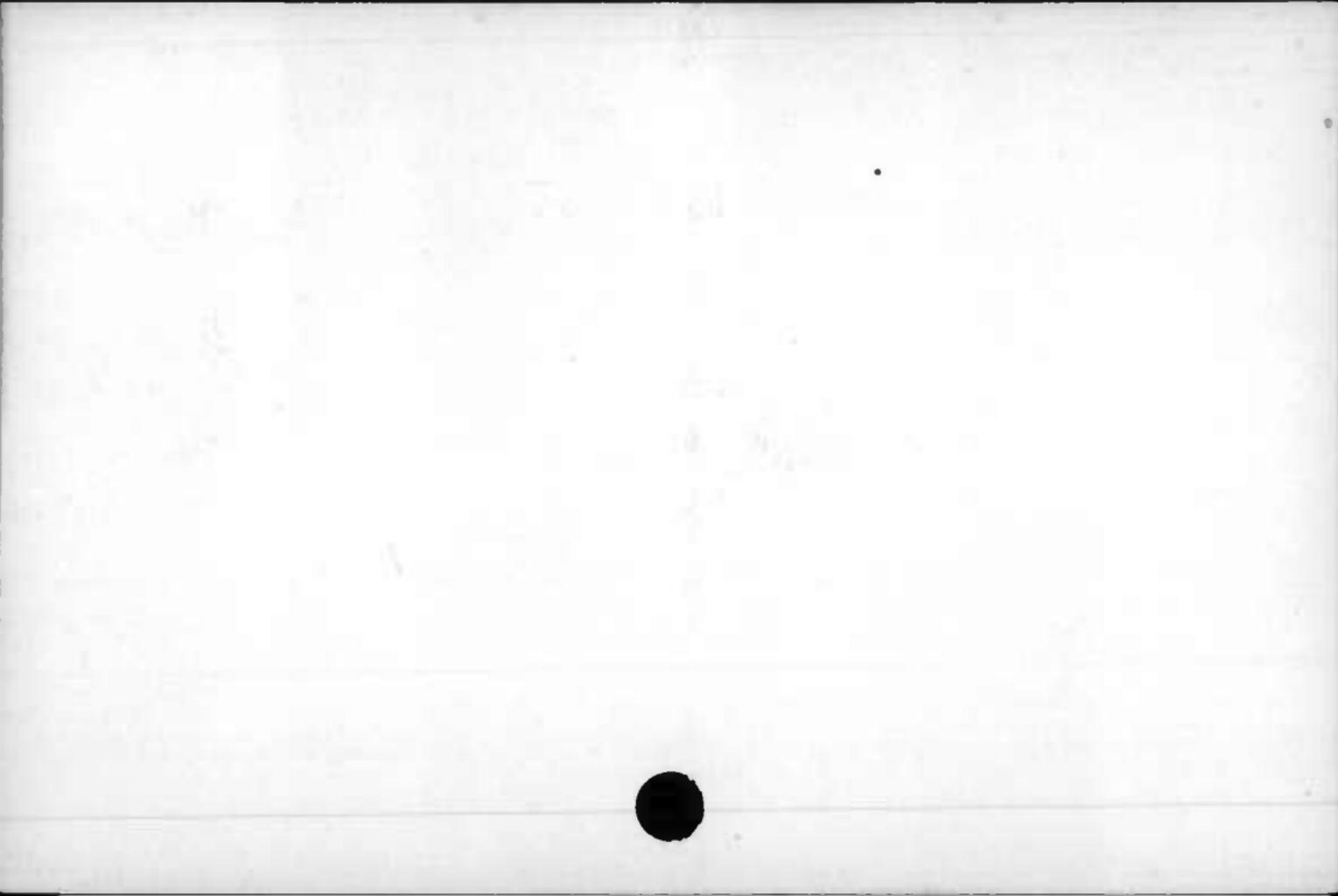
Signature of Physician

Yes

Address

W. G. Brown
Silver Spring
Md.

Accident or Suicide?



Name
in
Full

Sallie Maisteller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-----------------------|---------------|---------------------|---|--------------------|--------|
| Died at | | Town | County | | MARYLAND | |
| Died at | | Bethesda | Montgomery | | | |
| Date of death | 1908 | Month June | Day 4 th | Age | Years | Months |
| Sex | female | Color or Race | white | Birth-place | Mt Rainier, Md. | |
| Occupation | | | | Where Residing if not at place of death | Wash. County Home. | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | |
| Father's Name | John A. J. Maisteller | | | Father's Birthplace | W. Va. | |
| Mother's Maiden Name | Miss Sallie H. Miller | | | Mother's Birthplace | W. Va. | |
| Name of person giving information | Charles Maisteller | | | How related | Bro. | |

CAUSES OF DEATH

151

Primary

Premature Birth

How long

1 mo.

Immediate

Postpartum

How long

Progressive.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

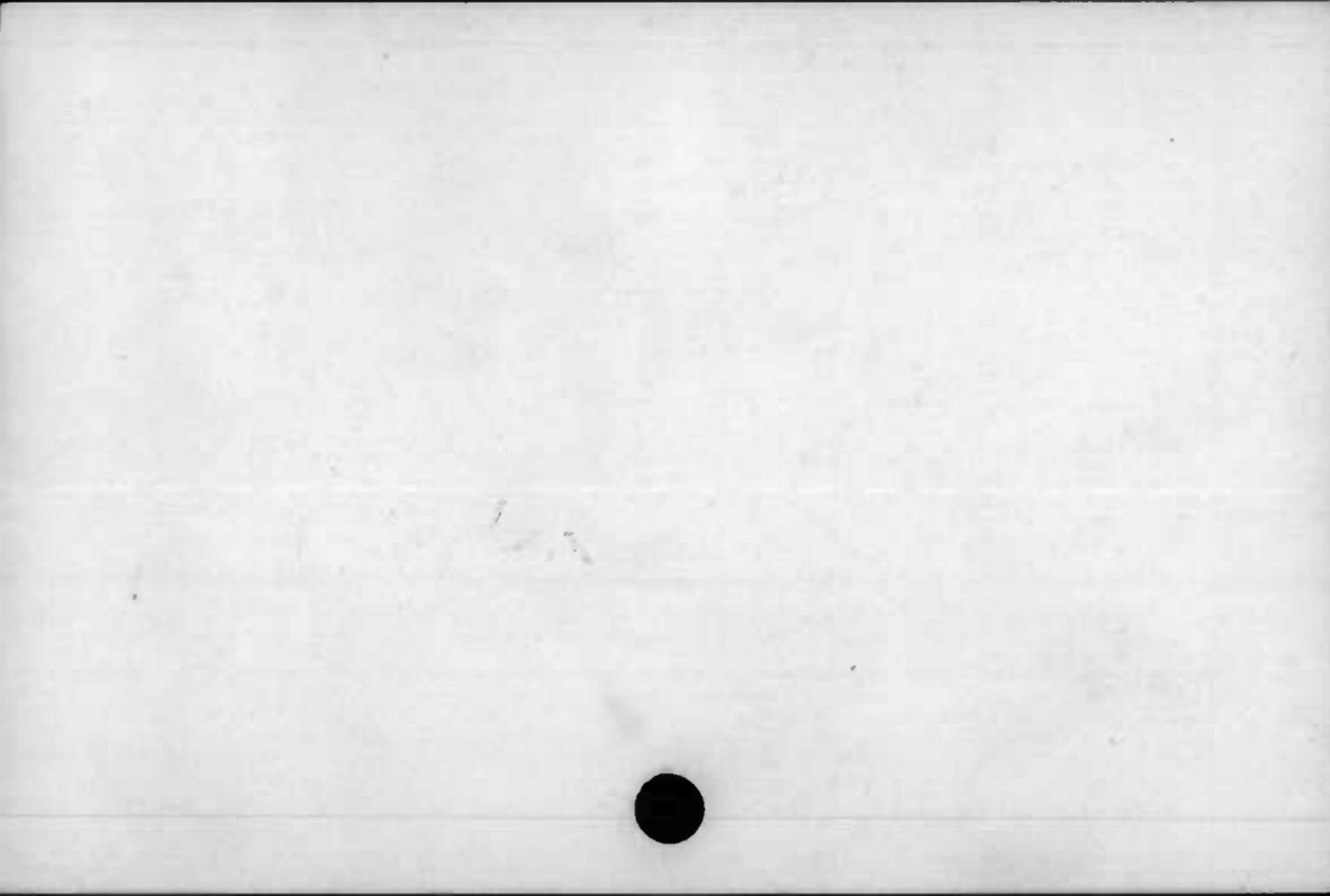
yes

Thos. K. Conrad, M.D.

Bethesda

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary A Meade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908 June 11

Age

85

9

Sex

Color or
Race

White

Birth-
place

Mid

Occupation

None

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widow

Name of Wife or
Husband

unmarried

Father's
Name

John Marquess

Father's
Birthplace

Mid

Mother's
Maiden Name

Washington

Mother's
Birthplace

Mid

Name of person giving
Information

J. E. Gates

How related
to deceased

Son in law

Patient fell down stairs,
accidentally fracturing hip.

CAUSES OF DEATH

Primary

Fracture of right hip

164

Immediate

Shock

6 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

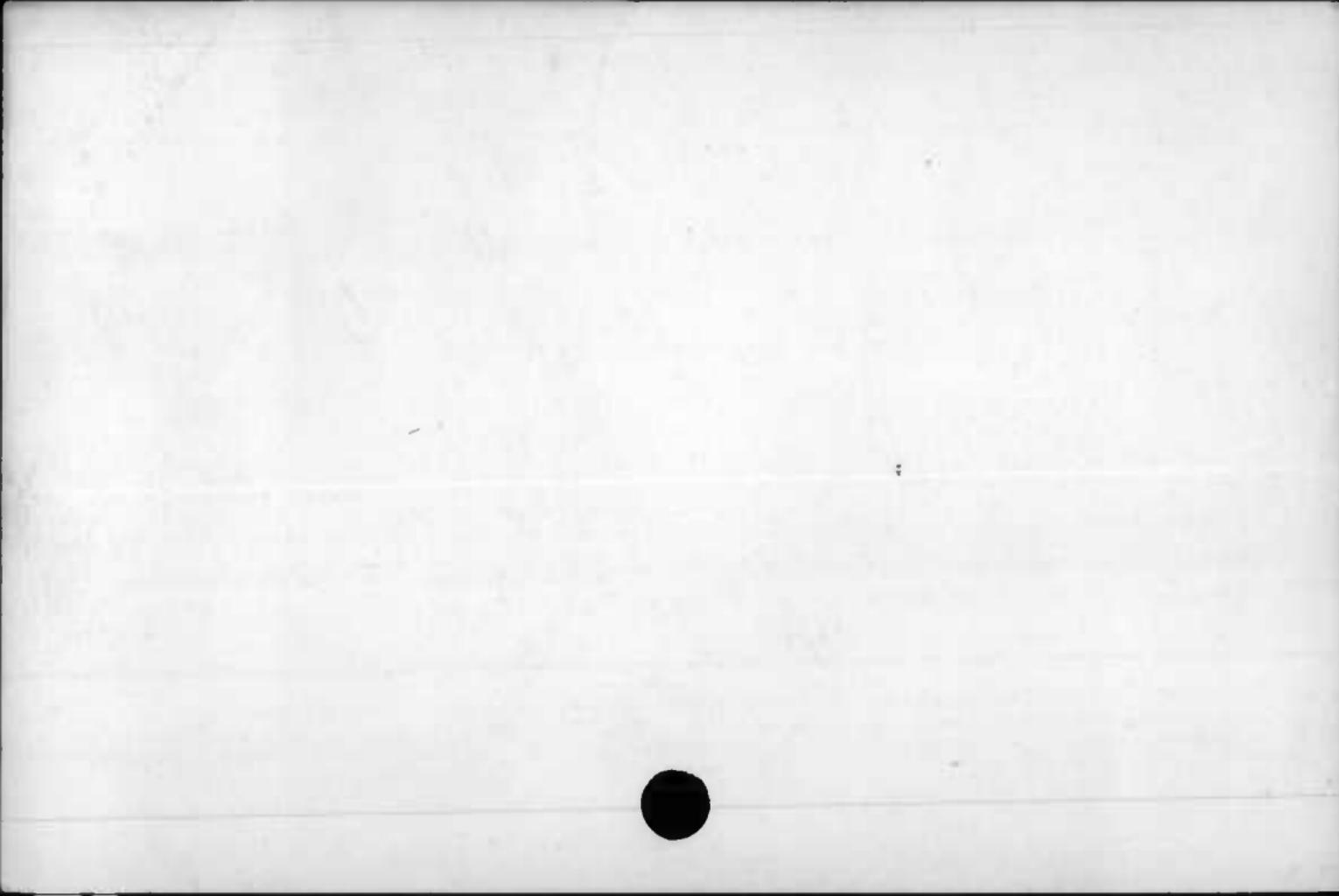
Address

Augie Jones

Accident or Suicide

No Accident.

PHYSICIAN
OR CORONER



Name
in
Full

Phylis Millon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

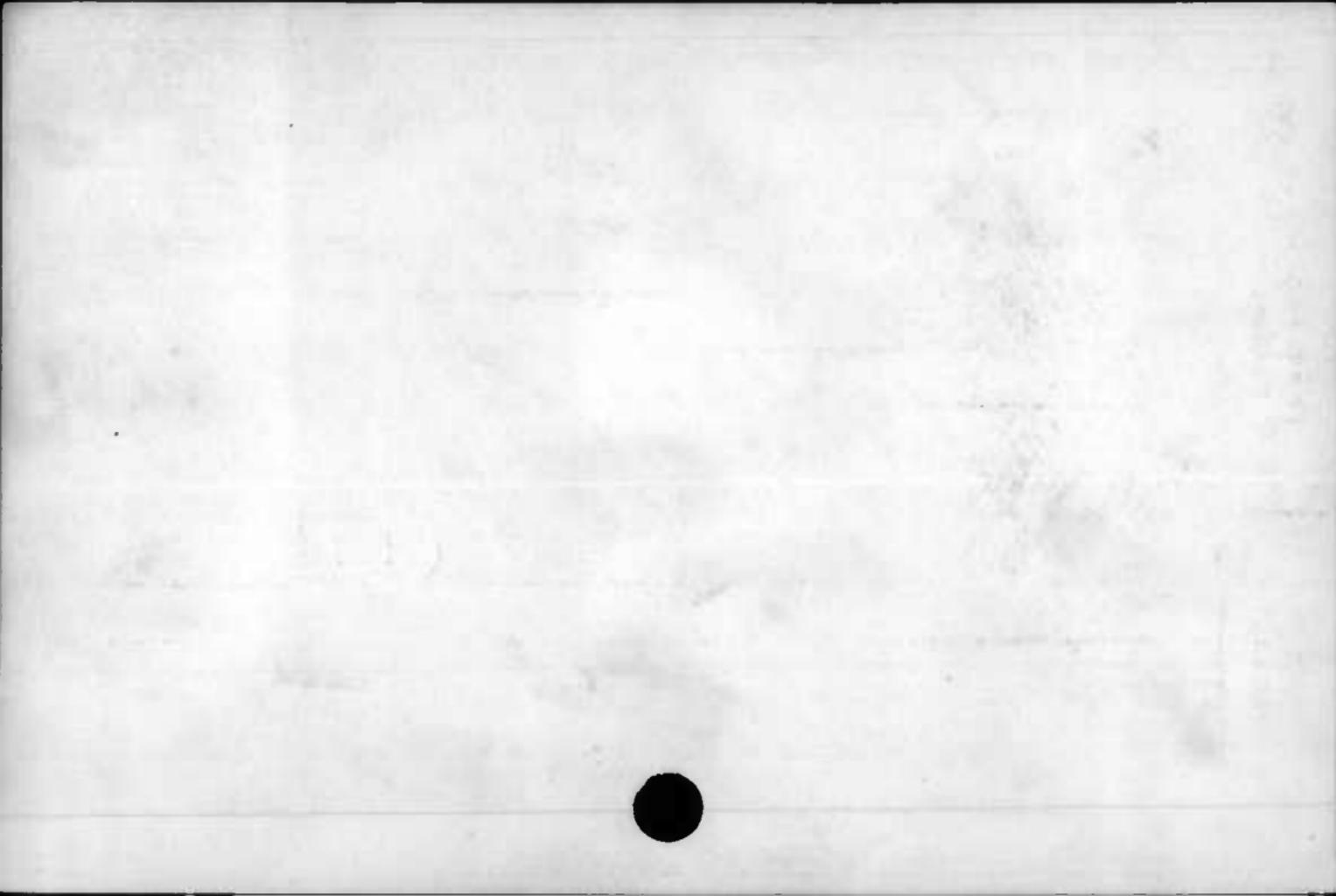
| | | | | | | | |
|--------------------------------------|--|--------------------|-------------|-----------------|--------|------------------|------------|
| Died at Bethesda. | | Town Montgomery | | County | | MARYLAND | |
| Date of death | 1908 June | Month | Day 24th | Years | Months | 1 | Days 12 |
| Sex Female | Color or Race White | Age | | Birth- place | | Washington, D.C. | |
| Occupation | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | | | |
| Father's Name Unknown | Father's Birthplace Unknown | | | | | | |
| Mother's Maiden Name Unknown | Mother's Birthplace Unknown | | | | | | |
| Name of person giving Information | How related to deceased | | | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary Premature Birth | How long 1 1/2 mos. |
| Immediate acute Pnassition | How long 2 days. |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician Thos. K. Conrad, M.D. |
| | Address Bethesda Md. |
| Accident or Suicide? | |



Name
in
Full

Annie Nokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|----------------|-------------------------|---|-----------------|----------|----------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 | Month June | Day 24 | Years 1908 | 11 | Months — |
| Sex | Female colored | | Color or Race | Birth-place Md. | | |
| Occupation | School girl | | Where Residing if not at place of death | Schoolville | | |
| Married, Single or Widowed | Single | Name of Wife or Husband | Richard Nokes ✓ | | | |
| Father's Name | Richard Nokes | | Father's Birthplace | | | Md. |
| Mother's Maiden Name | Aletta Parker | | Mother's Birthplace | | | Md. |
| Name of person giving information | Alice Davis | | How related to deceased | | | none |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary Fall from a tree

How long

Immediate Traumatic hemothorax

20 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

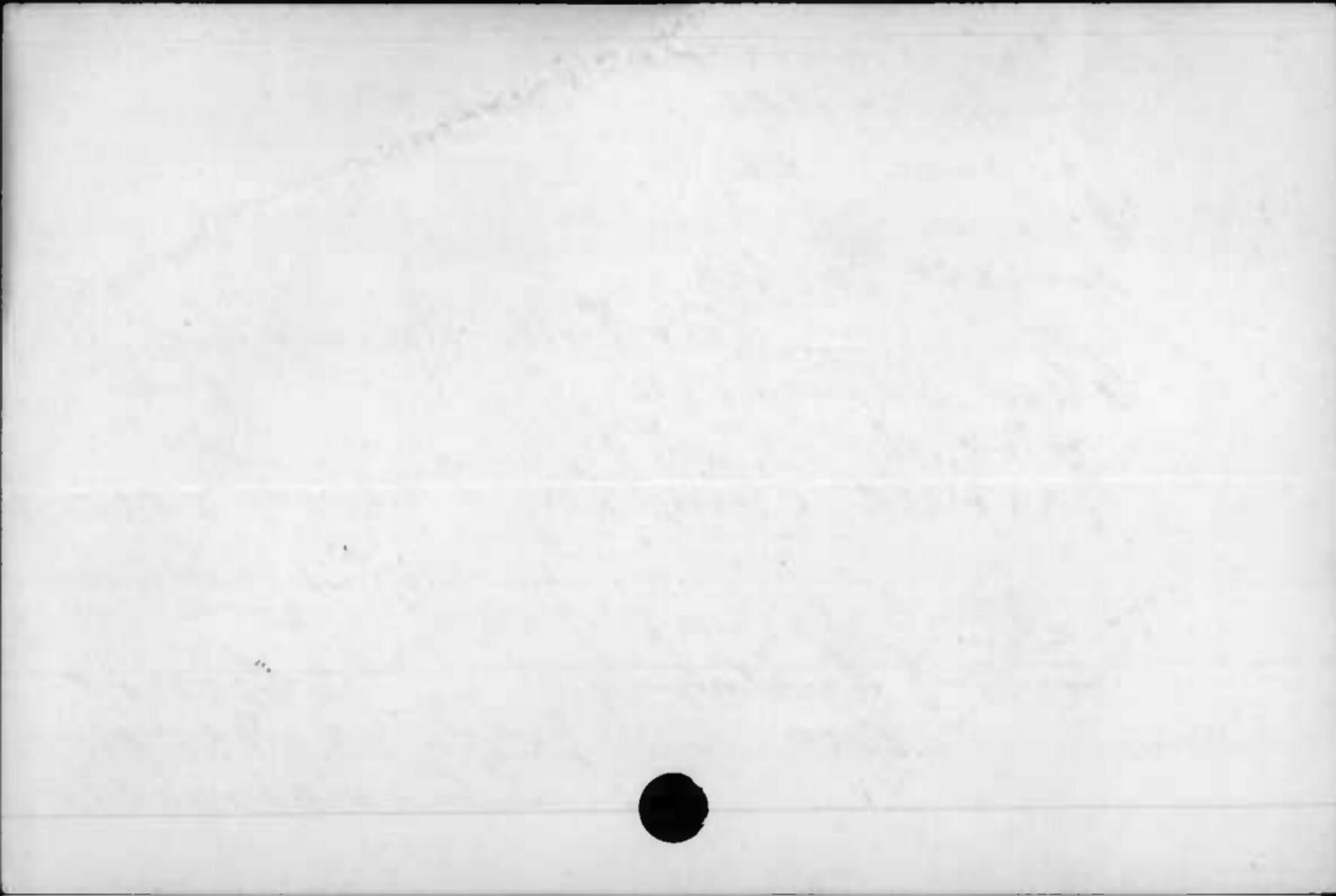
Address

E.W. White

Schoolville

Accident or Suicide?

accident



Name
in
Full

Edith Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|----------------------------|-----------------------------------|---------------|---|-------|-------------------------|------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | | Month | Day | Years | Months | Days | |
| Sex | Female | Color or Race | Black | | Spencerville | | |
| Occupation | House wife | | Where Residing if not at place of death | | Arthur Murphy | | |
| Married, Single or Widowed | Name of Wife or Husband | | Chas Johnson | | Father's Birthplace | Md | |
| Father's Name | Sarah Watts | | Garfield Murphy | | Mother's Birthplace | md | |
| Mother's Maiden Name | Name of person giving information | | J. R. Watson | | How related to deceased | son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral insufficiency

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

79

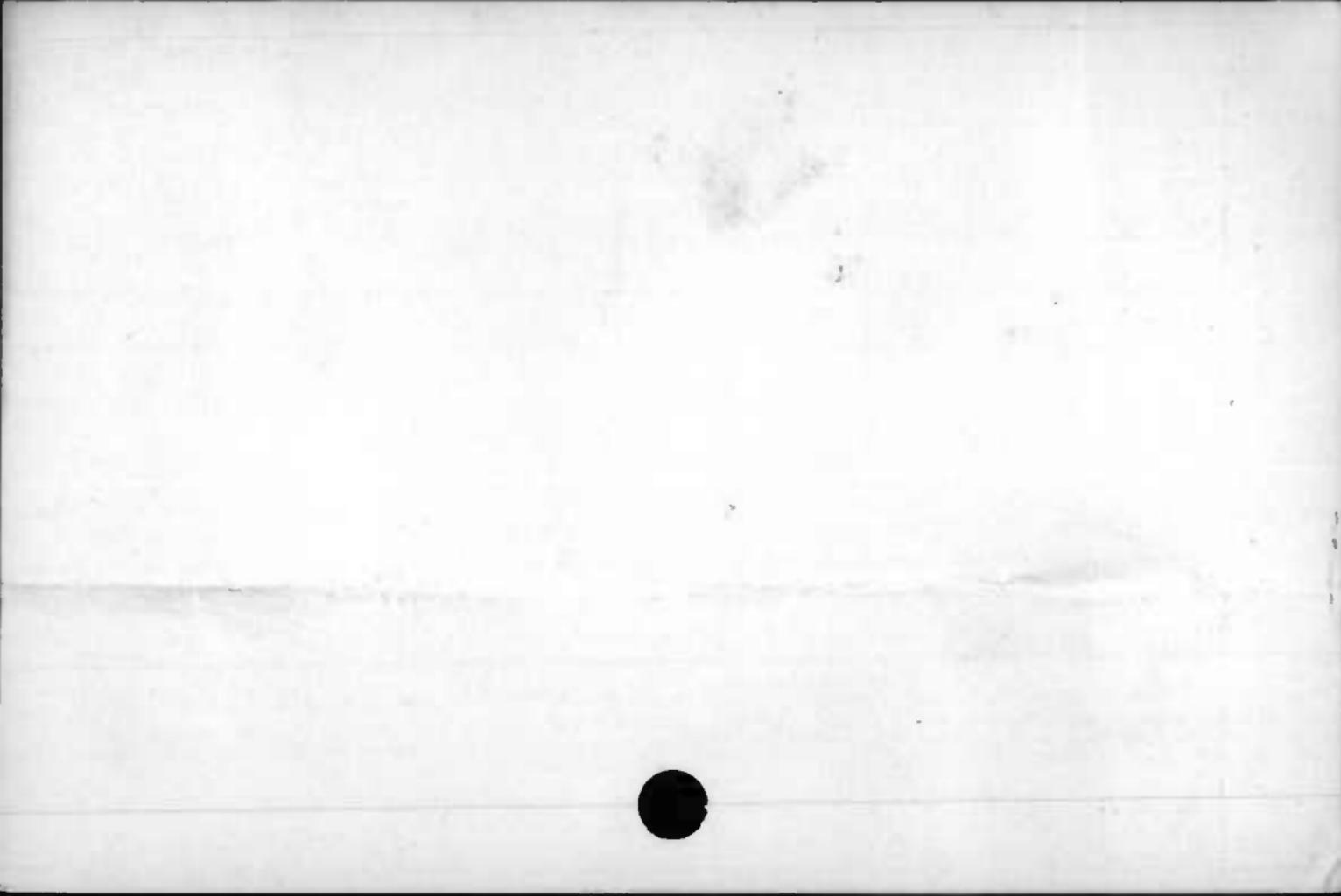
How long

2

How long

2 hours

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

Margaret Ellen Rutherford

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|------------------|---|-------------------------|-------------|----------|------|
| Died at | | Town | County | | MARYLAND | |
| Date of death | 1908 | Month 6 | Day 17 | Age 67 | Months | Days |
| Sex | Female | Color or Race | White | Birth-place | Md. | |
| Occupation | None | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | - = Rutherford | | | |
| Father's Name | Wm. Buxton | | Father's Birthplace | Md. | | |
| Mother's Maiden Name | Elizabeth Buxton | | Mother's Birthplace | Md. | | |
| Name of person giving information | Mrs. Sivindell | | How related to deceased | Daughter | | |

CAUSES OF DEATH

64

How long

How long

PHYSICIAN
OR CORONER

Primary

Apoplexy.

Immediate

Pneumonia.

Are the name, age, sex, color, date and place correctly given above?

yes.

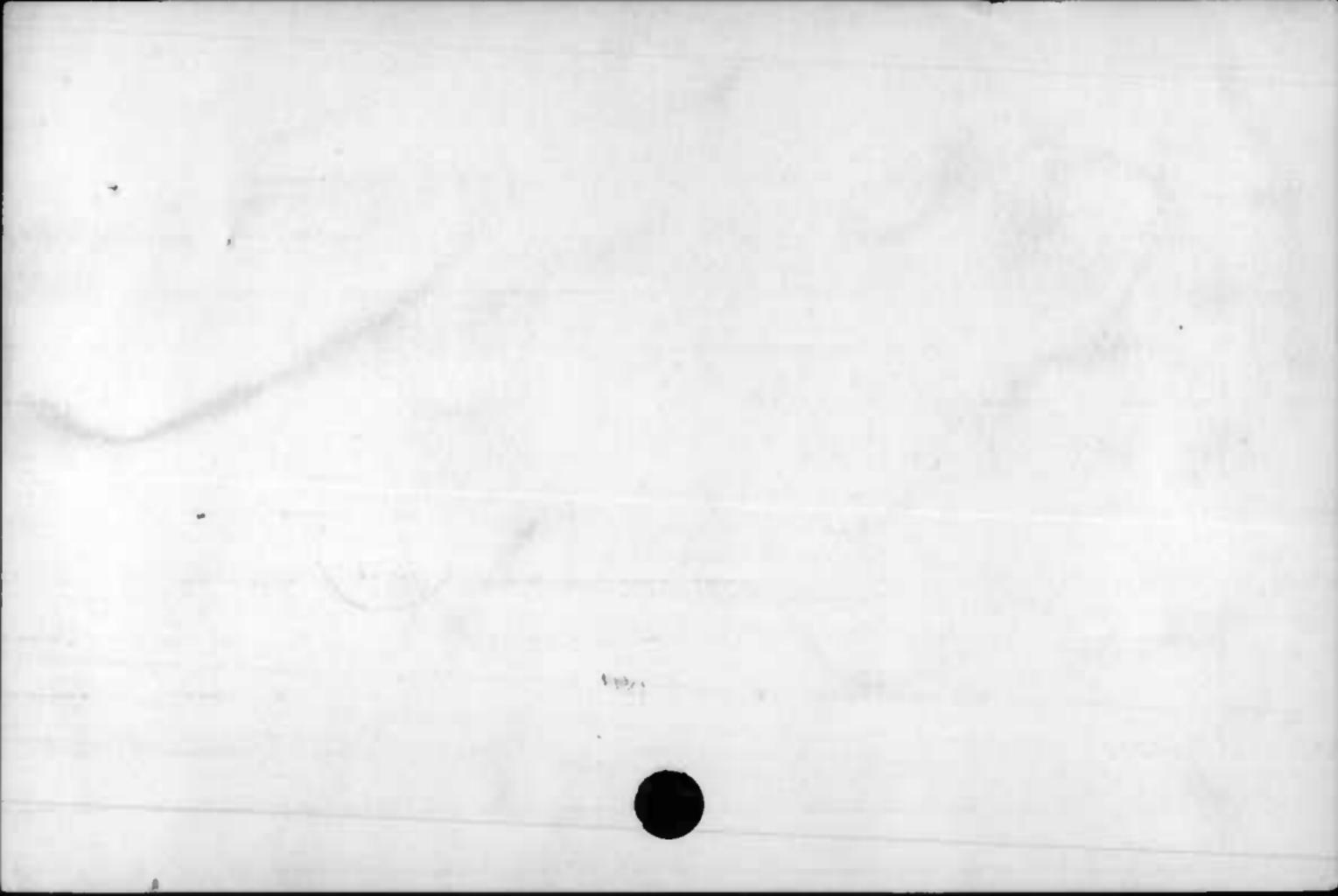
Signature of Physician

Address

A. McFarlane
Rockville

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--|---------------------|-----------------|---------------|
| Died at <u>Stratford</u> Town | | <u>Russman</u> County | | MARYLAND | |
| Date of death <u>190</u> | Month <u>JUN</u> | Day <u>20</u> | Age <u>25</u> Years | Months <u>9</u> | Days <u>9</u> |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Maryland</u> | | | |
| Occupation <u>Infant</u> | Where Residing if not at place of death <u>X</u> | | | | |
| Married, Single or Widowed <u>Single</u> | Name of Wife or Husband <u>X</u> | Father's Birthplace <u>Nashville Md.</u> | | | |
| Father's Name <u>Geo W Russman</u> | Mother's Birthplace <u>Maryland Md.</u> | | | | |
| Mother's Maiden Name <u>Cora E. Sower</u> | How related to deceased <u>Mother</u> | | | | |
| Name of person giving information <u>Cora E. Sower</u> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diarrhoea Nekatorum

72

How long

six days

Immediate Exhaustion

How long

X

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Mrs

Address

M.J. Post

Potomac

Md.

Accident or Suicide? X



Name
in
Full

John Wolfe Bellman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---|---------------|-----|-------------|-------------|------|
| Died at | Town | County | | MARYLAND | | |
| Date of death | Month | Day | Age | Year | Months | Days |
| Sex | Color or Race | White | | Birth-place | Barnesville | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Annie Bellman | | | | |
| Father's Name | John Q Bellman | | | | | |
| Mother's Maiden Name | Anne Bellman | | | | | |
| Name of person giving Information | Fred Days | | | | | |

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary

Prostate Inflammation Eight year

Immediate

Bright's Disease

One year

Are the name, age, sex, color, date and place correctly given above?

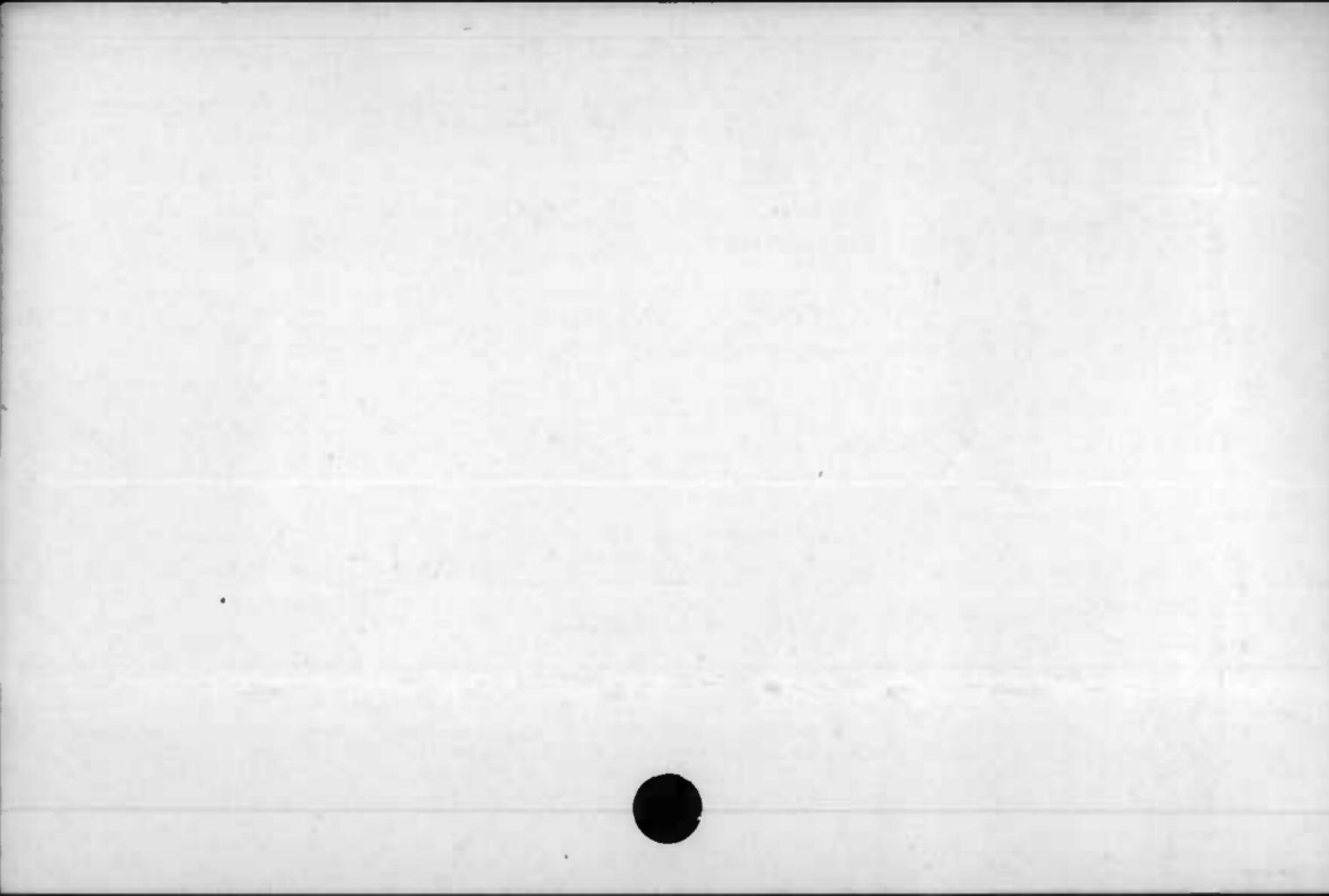
Signature of Physician

Address

Yes

J. P. Lomax M.D.
Barnesville Md

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|------------------------|--------------------|---|-------------------------|------------------------|------------------------|--|
| <i>John F. Sterling</i> | | | | | CERTIFICATE OF DEATH | | |
| Died at | | Town | County | | MARYLAND | | |
| Date of death | | Month | Day | Years | Months | Days | |
| Sex | | Male | Color or Race | White | Birth-place | <i>Washington D.C.</i> | |
| Occupation | | Teamster | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | <i>Married</i> | Name of Wife or Husband | <i>Harriet A. Myers</i> | | | |
| Father's Name | | <i>Don't know</i> | | Father's Birthplace | <i>Don't know</i> | | |
| Mother's Maiden Name | | | | Mother's Birthplace | | | |
| Name of person giving Information | | <i>Elmer Batch</i> | | How related to deceased | <i>Friend</i> | | |
| CAUSES OF DEATH | | | | | | | |
| Primary | <i>Upper left lung</i> | | | | How long | <i>1 hr</i> | |
| Immediate | <i>Heart Failure</i> | | | | How long | <i>1 hr</i> | |
| Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | <i>Beatty</i> | | |
| | | | | Address | <i>Georgetown D.C.</i> | | |
| Accident or Suicide? | | | | | | | |

J. F. Krebs.

Undertaker

Williamsport Md

Name
in
Full

Infant of Clifton & Grace Styles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Sherwood

County

MARYLAND

Date of death 1908 Month June Day 18

Years

Months 17 Days

Age

Sex Female

Color or Race

White

Birth-place

Sherwood

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Clifton Styles

Father's
Birthplace

Sherwood

Mother's
Maiden Name

Grace Gaither

Mother's
Birthplace

Gaithersburg

Name of person giving
Information

Clifton Styles

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Exhaustion

How long

17 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

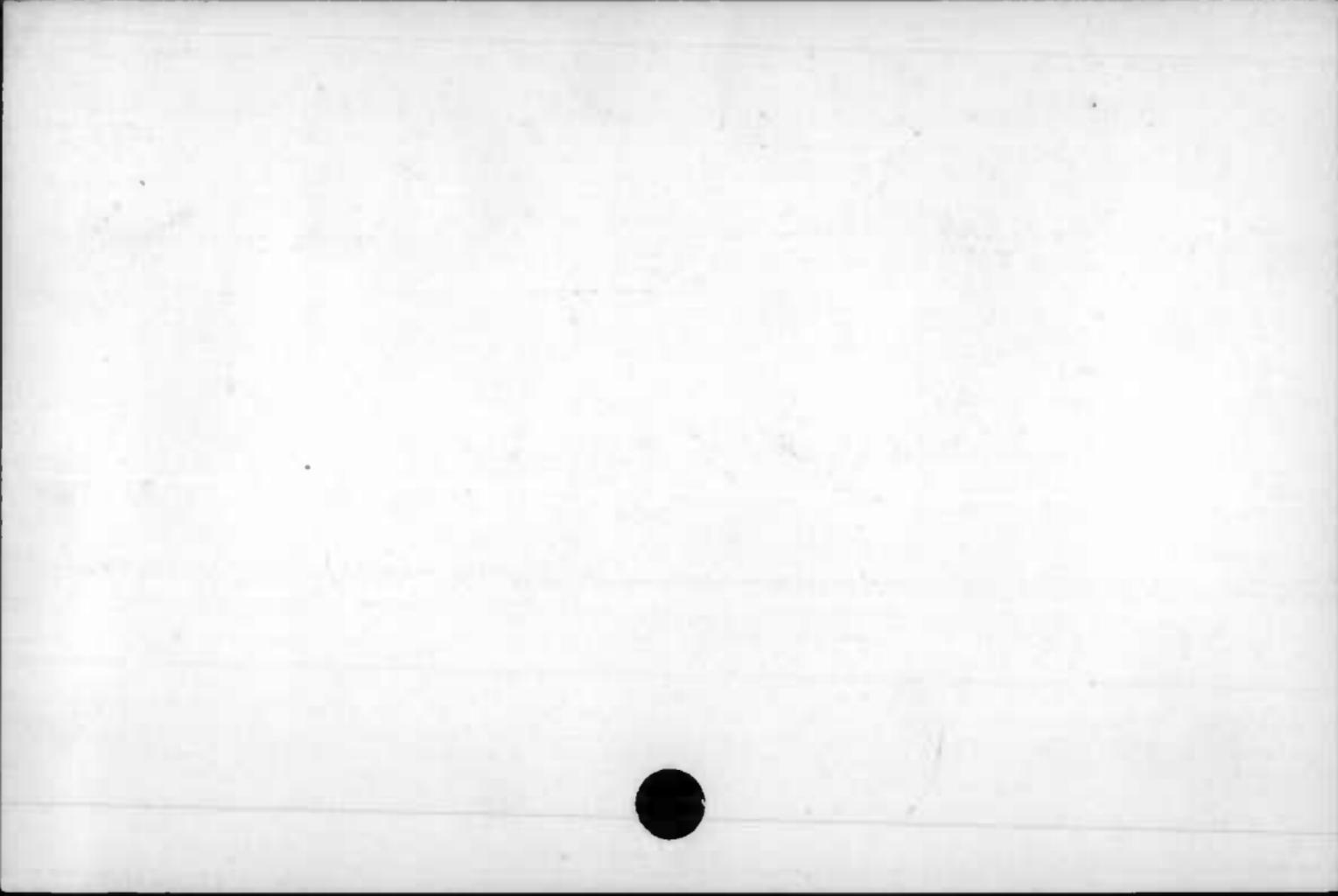
Signature of
Physician

Address

E. C. Etchison
Gaithersburg
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Melville Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|-------------------------|-------------------------|--------------------------|---|--------------------|--|
| Died at <u>home</u> | | Town <u>Dawsonville</u> | County <u>Montgomery</u> | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| 1908 | 6 | 7 | 7 | — | — | |
| Sex | Male | Color or Race | Negro | Birth-place | Montgomery Co. Md. | |
| Occupation | <u>School boy</u> | | | Where Residing if not at place of death | — | |
| Married, Single or Widowed | Name of Wife or Husband | | — | Father's Birthplace | Md. | |
| Father's Name | <u>Fenton Taylor</u> | | — | Mother's Birthplace | Montgomery Co. Md. | |
| Mother's Maiden Name | <u>Caroline Proctor</u> | | — | How related to deceased | — | |
| Name of person giving information | <u>Physician</u> | | — | 29 | How long | |

CAUSES OF DEATH

| | | |
|--|-------------------------------|--|
| Primary | <u>Tubercular peritonitis</u> | |
| Immediate | <u>Asbestosis</u> | |
| Are the name, age, sex, color, date and place correctly given above? | | |
| Yes | | |
| Signature of Physician | U. D. House M.D. | |
| Address | Dawsonville Md | |
| Accident or Suicide? (Princess deceased) | | |

Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Henry Washington

Town

County

CERTIFICATE OF DEATH

Died at

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

June

21

Age

54

Sex

Male

Color or
Race

Colored

Birth-
place

West Potowmickie

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Harriet Washington

Father's
Name

Henry Washington

Father's
Birthplace

Potowmickie

Mother's
Maiden Name

Henry Fodder

Mother's
Birthplace

Potowmickie

Name of person giving
Information

Dr. G. A. S.

How related
to deceased

None

CAUSES OF DEATH

Primary

Mitral Insufficiency

79

How long

14 months

Immediate

Cerebral Atherosclerosis

How long

Are the name, age, sex, color, date
and place correctly given above?

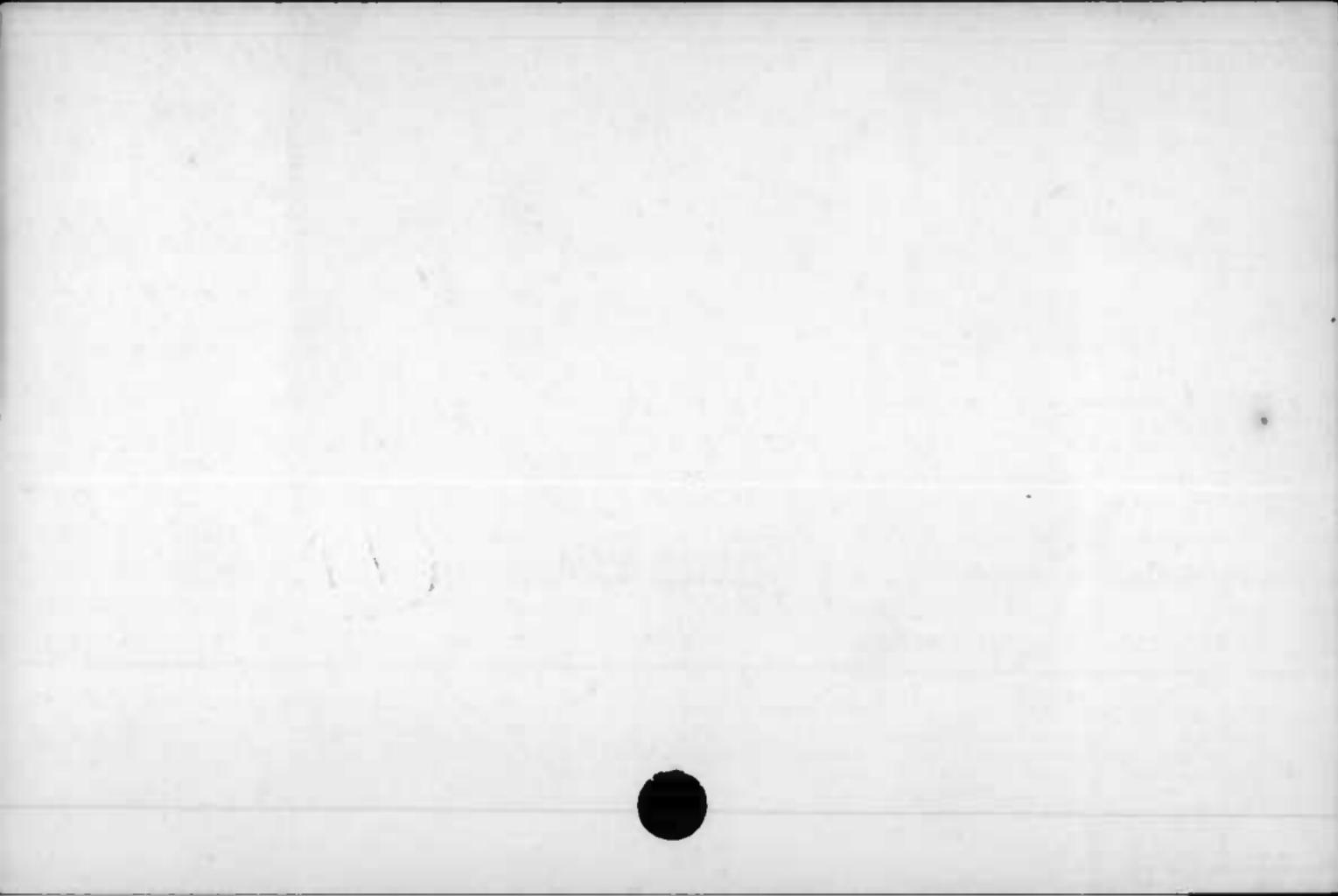
Yes

Signature of
Physician

Address

E. W. White
West Potowmickie
Md

Accident or Suicide?



Name
in
Full

John Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------|-----|---|----------------|-------------------------|---------------------|----------------|
| Died at | Town | | County | | MARYLAND | | |
| Date of death | Month | Day | Age | Years | Months | Days | |
| Sex | Male | | Color or Race | Negro | | Birth-place | Va. |
| Occupation | Day laborer in farm | | Where Residing if not at place of death | | _____ | | |
| Married or Widowed | _____ | | Name of Wife or Husband | Job obtainable | | Father's Birthplace | Not obtainable |
| Father's Name | Not obtainable | | _____ | | Mother's Birthplace | Not obtainable | |
| Mother's Maiden Name | Not obtainable | | _____ | | How related to deceased | Wife. | |
| Name of person giving information | U. D. House | | _____ | | How long | 10 yrs | |

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis

Immediate

Angina Pectoris

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

U. D. House M.D.
Dawsonville Md.

